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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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I. OPERATOR		DEC 6 1977
JFG ENTERPRISES		
Address		
P.O. BOX 100, ARTESIA, NEW MEXICO 88210		O.C.C. ARTESIA OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
		Dry Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner		CASINGHEAD GAS MUST NOT BE FLARED AFTER 1-30-78 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Daughterity	1	Daughterity-San Andres	State, Federal or Fee Fed.	LC-
Location				057674 (a)
Unit Letter	B	2310 Feet From The FEL	Line and 330 Feet From The FNL	
Line of Section	10	Township 17S	Range 27E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purch.	Box 159, Artesia, N.M. 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Pet. Corp.	Phillips, Bldg, 4th & Wash., Midland, Texas	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	B	10
	17S	27E
Is gas actually connected?	When	79760
No	January 1978	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X			X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/12/77	11/15/77	2198	2195 2198					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
GR-3430	San Andres	1808-2036	2040					
Perforations 1 Shot Per Ft:	1808-1812: 1860-1864: 1998-2002: 2007-2010: 2015-2018: 2024-2028: 2032-2036.		Depth Casing Shoe					
			2196					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8 5/8"	404	160 Sx.					
7 7/8"	4 1/2"	2195'	350 Sx.					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

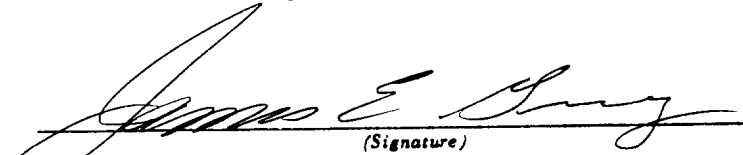
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
11/15/77	11/16/77	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
53	21	32	24

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Partner
(Title)
12/5/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 6 1977
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.